

Draft Personal Footcare Guidance

DRAFT PERSONAL FOOTCARE GUIDANCE

October 2012

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Section 2: Purpose of guidance and definitions

Regular personal footcare helps people to remain active, mobile and independent for as long as possible. It also helps to prevent some health problems from developing, by identifying them at an early stage. Foot problems can lead to discomfort, pain, and increased risk of falling, infection and ulceration. Most people are able to carry out personal footcare themselves or with the help of relatives or carers, however for those who cannot, it is important for them to be able to obtain services locally.

There is some confusion about what is meant by personal footcare and the difference between this and podiatry. In some areas it is unclear to users of the service; their families carers who should provide personal footcare and how it can be accessed. This document aims to clarify these issues, to provide examples and guidance about what good personal footcare support or services should look like, to define the educational needs of those providing footcare and signpost them to useful resources. To support the implementation of the guidance a series of national educational resources have been developed and a part-time national footcare lead has been appointed for a 2 year period from April 2012.

The guidance has been developed by a national working group which includes representatives from: Age Scotland, Care Inspectorate, Local Authorities, The Faculty of Podiatry Managers Scotland (of the Society of Chiropodists & Podiatrists), NHS Boards, NHS Education Scotland, Scottish Care, Scottish Diabetes Foot Action Group, Scottish Government and the Society of Chiropodists and Podiatrists.

The information will be helpful for:

- Strategic leaders in health and social care service providers e.g. executive directors in health boards and local authorities
- Managers in health, social care, third, independent or voluntary care sectors, who are involved in planning or providing personal footcare services
- Managers of home care services and their staff
- Podiatry Services in NHS Boards
- Managers of care homes and their staff

This document may be of interest to people who need help with their footcare or for relatives and carers who support people with personal footcare. A leaflet that details specific information for service users is also available.

What is personal footcare?

The following definition has been adapted from the Department of Health (DH) document *Footcare: Footcare services for older people: a resource pack for commissioners and service providers (DH, 2009)*.

The term personal footcare covers a set of tasks that an adult, whatever their age, would normally do for themselves. When this becomes difficult for a person to do for themselves, their family, friends or carers may choose to do it for them. Conditions which can make it difficult for someone to care for their own feet include sight impairment, arthritis, dementia, general frailty and inability to reach their feet.

Personal footcare includes these tasks:

Toenail care

- Cutting, clipping and filing toenails safely, and keeping them at a length which feels comfortable.

Skin care

- Smoothing and moisturising dry and rough skin
- Keeping feet clean, dry, comfortable and warm
- Checking for cracks and breaks in the skin and signs of inflammation
- Looking for signs of infection or other obvious early problems and seeking professional advice

Checking footwear

- Checking all footwear for comfort, fit, state of repair and safety

Note: Information about how to carry out these tasks is provided in the educational resources which accompany this guidance.

Section 3: Policy context and background

The changing role of podiatry

In the past some NHS podiatry departments provided personal footcare as part of their core services, however to deliver safe and effective podiatry which ensures people with clinical need are prioritised for treatment, many NHS Boards across Scotland have reviewed and redesigned their services. Anecdotal evidence suggests an unintended consequence of this is a gap of some areas in provision of personal footcare services, such as toe nail cutting, for people who do not have a clinical need for podiatry. In response to concerns raised about availability of and variation in personal footcare services for people in Scotland, the Scottish Government established the National Footcare Working Group which has developed this guidance.

Personal footcare does not require the skills of a podiatrist, however podiatry services can play a role in signposting people to the resources to support self care and ensure that people who deliver a personal footcare service have the appropriate skills.

Planning and delivery of good footcare services clearly relies upon effective partnership working between health, social care, voluntary agencies and independent sectors.

It is important to note that the changing role of podiatrists is supported by national bodies. The Society of Chiropractors and Podiatrists for the UK in their document ***A guide to the benefits of podiatry to patient care (2010)*** outline the full spectrum of foot health care, from personal footcare through to podiatric surgery. The organisation worked closely with the Department of Health in England to produce ***Footcare services for older people: a resource pack for commissioners and service providers (2009)***

For reference, the unique role of podiatrists is outlined in the box below.

- Podiatrists provide a comprehensive foot health service for conditions affecting the foot and lower limb. Through early intervention they play a key role in prevention of future lower limb and foot problems, including support for self care.
- Podiatrists assess, diagnose and provide treatment for a wide range of conditions of the lower limb, these may be caused by musculoskeletal problems or long term conditions such as diabetes.
- Podiatrists work in partnership with people to provide a variety of treatments which may be used to achieve pain relief and avoid potential problems, for example by use of insoles or nail or podiatric surgery.
- Podiatry services are important in keeping people mobile, independent and in preventing hospital admissions.

An increasingly older population - personal footcare and the links to national strategies

The demographic changes facing Scotland are well known; the number of people aged over 65 are projected to increase by 22% by 2020 and by 63% by 2035. The over 75 population is predicted to increase by 23% and 82% over the same periods, and the over 85 population will increase by 39% by 2020 and 147% by 2035. These changes, alongside a decade of financial challenges have reinforced the importance of enabling people to live

healthy independent lives for as long as possible, preventing inappropriate hospital admissions and reducing dependency on care services.

The approach to meeting these challenges has been set out in ***Reshaping Care: a programme for change 2011-2021 (Scottish Government, Convention of Scottish Local Authorities (COSLA) & NHS Scotland, 2011)*** which has as its goal to 'optimise independence and well being of older people at home or in homely setting'. Closely aligned to this is ***Scotland's national dementia strategy (Scottish Government, 2010)*** which aims to ensure that people with dementia and their families are supported in the best way possible to live well with dementia. To support these programmes the government has committed to establishing an integrated approach to planning and delivering health and social care; this includes integration within the NHS and between primary and secondary care. New legislation will be needed to facilitate integration, including the establishment of Health and Social Care Partnerships (HSCP) with delegated integrated budgets. This will promote closer partnership working in planning and delivering services.

These programmes of work support the overarching ambitions of the ***Healthcare Quality Strategy for NHSScotland (Scottish Government, 2010)*** and ***Achieving Sustainable Quality in Scotland's Healthcare: a "20:20" Vision (Scottish Government, 2011)*** which aims to deliver safe, effective, person centred services based on individual needs, and seeks to support people to manage their own conditions to enable people to live healthy and independently for as long as possible in their own homes.

Good personal footcare clearly contributes to all these work programmes by helping older people to remain active, well and independent for as long as possible. Of particular relevance is the role that personal footcare plays in the prevention of falls and fractures and the resultant significant life changing problems these can go on to cause. Older people admitted to hospital after falling are more likely to be discharged to a care home than a comparative group of people admitted for any other reasons. The National Falls Prevention Programme works in partnership with key stakeholders to support Health and Social Care to adopt a co-ordinated and systematic approach to falls prevention as outlined in ***Up and About: pathways for the prevention and management of falls and fragility fractures (NHS Quality Improvement Scotland, 2010)***. Older people living in care homes are three times more likely to fall than older people living in their own homes, with the results of a fall often being more serious. The self assessment resource ***Managing falls and fractures in care homes for older people (SCSWIS & NHSScotland, 2011)*** outlines ways to reduce the incidence of falls; personal footcare for these people makes an important contribution to this work.

The important role that carers play in provision of health and social care has been recognised in ***Caring Together – The Carers Strategy for Scotland 2010-2015 (Scottish Government and COSLA, 2012)***. This highlights the need to ensure carers have appropriate information and training; in developing this personal footcare guidance we have tried to address this need by developing a series of supporting resources to meet the needs of a variety of different carers. The ***Change Fund Guidance for Local Partnerships 2012/13 (Scottish Government, 2012)*** specifies the use of some of these funds to support carers and asks partnerships to increasingly focus upon anticipatory care and preventative spend. Personal footcare services could fulfil the criteria for some of these funds in some Partnerships.

The National Delivery Plan for AHPs in Scotland provides an opportunity to align the contribution of AHPs to national priorities for health and social care. The plan calls for AHPs to lead and deliver more enabling services, shifting the focus away from professional

dependency and towards supported self-management and resilience. Implementation of the guidance on personal footcare supports the overall aims of the plan.

Personal footcare as part of free personal care and residential care

Free personal and nursing care was introduced in Scotland on 1 July 2002 through the ***Community Care and Health (Scotland) Act 2002***. Personal care is available without charge for everyone in Scotland aged 65 and over who have been assessed by the local authority as needing it.

Free nursing care is available for people of any age. Keeping fingernails and toenails trimmed is covered in the legislation as one of the personal hygiene aspects of personal care. Essentially any provision of care is based on a detailed assessment of the individual's care needs taking into account their preferences and those of their family and carers. If the individual's circumstances change a review assessment should be conducted and the local social work office is responsible for making suitable arrangements.

Local authorities will assess whether people requiring care at home or in a care home need personal care and will make available an agreed amount directly to the individual or their care provider. However, the local authority is expected to ensure that the resources are used in the most effective way to meet individual care needs.

Home carers can be educated to provide personal footcare as part of a personal care plan.

Personal footcare and links with the Scottish Diabetes Foot Action Group

The Scottish Diabetes Foot Action Group has several strands of work in progress which aim to prevent and reduce the incidence of foot disease and amputations in people with diabetes. All people with diabetes should undergo foot screening by a suitably trained person (***Scottish Intercollegiate Guidelines Network: Management of Diabetes, Health Improvement Scotland, March 2010***). This will result in the identification of the risk associated with the development a foot ulcer. These risk categories are; low, moderate, high or active foot disease.

Good personal footcare and daily checking of feet is important for all people with diabetes. Education regarding this should be provided during the screening appointment. For people who have been assessed as low risk, it is acceptable and safe for them or their family, friends or carers to carry out the personal footcare. For people who have been assessed as moderate risk, they or their family, friends or carers may still be able to carry out all or most of their personal footcare safely, following advice from the podiatrist.

Section 4: What effective personal footcare should look like

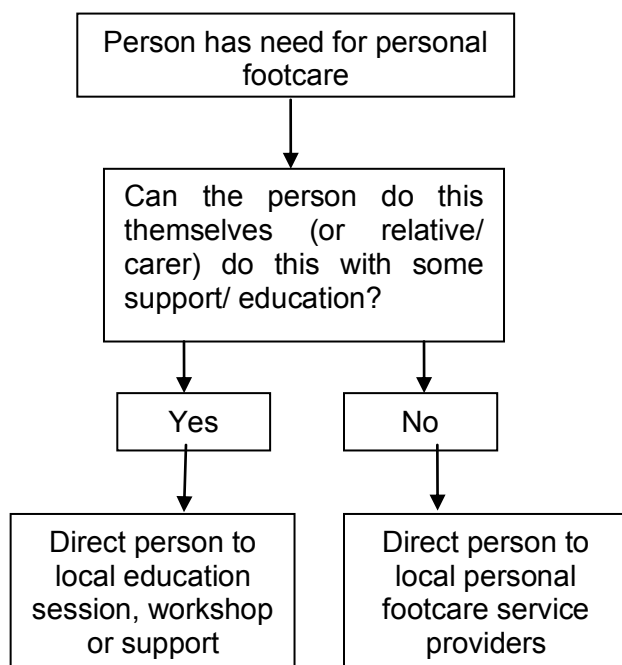
Effective personal footcare should address the individual support and personal footcare needs of Scotland's population. This can be achieved either by supporting individuals and their relatives and carers or through provision of specific service. It should be of a high standard, inclusive of communities and be responsive to the needs of people and their families.

It is recognised that in many cases personal footcare can be undertaken by individuals themselves, family members or by social care providers and care staff.

The provision of education and awareness sessions to individuals and groups can improve confidence and support people to be active in the care of their feet in a safe and effective way.

For those unable to manage their own personal footcare, easy and timely access to support for personal footcare or a specific personal footcare service can address the help they require to maintain their foot health. Feedback from participants who accessed a personal footcare service in England and Wales highlights a high degree of satisfaction and benefits gained.

Picture 1 shows an example of a pathway for the public to access personal footcare acknowledging that the options available in a local area will differ.



Picture 1

Table 1 highlights some key quality elements and poses some questions for local consideration when planning the support needs for personal footcare and/or services.

| Quality Element | Considerations for individual support | Considerations for a personal footcare service |
|------------------------|--|---|
| Effective | <i>Do individuals, relatives and carers have the skills to provide personal footcare?</i> | <i>Do service providers have the skills to and competences to provide personal footcare?</i> <i>Is personal footcare carried out to a defined standard?</i> |
| Efficient | <i>Is personal footcare delivered by the most appropriately skilled person?</i> | <i>Is personal footcare delivered by the most appropriately skilled person?</i> <i>Does it make most effective use of public funds?</i> |
| Equitable: | <i>Is there equitable access to support for personal footcare in local communities across Scotland?</i> | <i>Is there a clear pathway to access a personal footcare service, with guidance available across health and social care?</i> <i>Do service providers take account of the position of people on low incomes and their ability to pay in any charges applied?</i> |
| Person Centred | <i>Does the personal footcare support provided meet the needs of individuals and support enablement where possible?</i> <i>Do people have a choice in accessing support for personal footcare?</i> <i>Are people with personal footcare needs involved in developing/reviewing the support provided?</i> | <i>Does the personal footcare service meet the needs of individuals?</i> <i>Are there regular service reviews and satisfaction surveys?</i> <i>Are people with personal footcare needs involved in developing/reviewing services?</i> |
| Safe | <i>Is personal footcare delivered in a safe environment?</i> <i>Are there clear pathways and guidance on when and how people can access podiatry services if this is required?</i> | <i>What are the governance arrangements?</i> <i>Are there clear pathways and guidance on referral to podiatry services?</i> <i>Are personnel screened through the Protecting Vulnerable Groups (PVG) scheme?</i> |
| Timely | <i>Is support for personal footcare available when it is required by individuals?</i> | <i>Are personal footcare services available at a time that meets the needs of service users?</i> |

Table 1

Section 5: Different models of personal footcare

This section provides information on a range of models that could be adapted to address the personal footcare needs within an area. Acknowledging the impact that good personal footcare can have for older people, in 2009 the Department of Health carried out a service review of personal footcare in England and produced best practice guidance for service providers and commissioners. This was centred on a range of potential models and examples for safe and effective personal footcare service provision. '**Footcare: Footcare services for older people: a resource pack for commissioners and service providers**' (DH, 2009).

Four of these care models have been adapted for application within a Scottish context as described:

Model 1. Supported self care for individuals– where education/awareness on personal footcare is provided by NHS podiatry services. This is usually delivered on a personal or small group basis to individuals, families and unpaid carers who can assist and support self-care and empower people to take part in it.

Model 2. Integrated personal footcare services – this can take the form of education and training to groups of employed care staff in all care sectors. It is organised in partnership by NHS boards and local authorities, and where NHS or local authorities undertake a governance role.

Model 3. Social enterprises/voluntary sector – these can be enterprises or voluntary services that already provide a range of support services that may include personal footcare. The service may be contracted by health or social care services or independently provided. People may be charged for this service.

Model 4. Independent podiatry practice – where people access personal footcare services (as distinct from podiatry treatment) via the private sector.

Case examples of each of these models are detailed highlighting examples of good practice currently in place in Scotland.

Model 1: Supported self care model for individuals

Case example: NHS Tayside Self Management Programme

Patients referred to NHS Tayside podiatry service that are considered to have a low potential for foot pathologies/problems and able to manage their own footcare effectively are invited to attend a self management programme.

At the start of the session participants are asked to complete a questionnaire to ascertain how competent they feel about managing their own footcare and they are asked to re-evaluate this at the end of the session.

Wherever possible, the sessions are delivered in a non-clinical environment and the podiatrist delivering the programme does not wear a uniform, in an attempt to de-medicalise

the content. Attendees watch a very short DVD followed by a presentation and a practical session.

Carers and family members are encouraged to attend, especially if they are the person to be carrying out the nail care.

Following attendance at the session, patients are discharged from the podiatry service although they are able to re access the service for a further 12 months, without having to re-submit a new referral form, should a problem arise. Very seldom do patients actually make contact and if they do, a podiatrist will call them back within 48 hours with advice. If this does not suffice, the patient is given an emergency appointment to attend a clinic for that specific problem.

For details contact Judith Murrie, Podiatry Lead, Perth and Kinross, NHS Tayside.
judith.murrie@nhs.net

Case example: NHS Greater Glasgow and Clyde

A joint project between health improvement and podiatry services targeted new patients referring to podiatry. Patients who have a personal footcare need and could manage to self care, or, those who had assistance with this from a carer or relative were referred on to an educational workshop. The educational workshop consists of a presentation and discussion from a podiatrist covering aspects of personal footcare and nail care. This is followed by a group discussion by a home safety co-ordinator on all aspects of safety at home on how to prevent falls.

During the project phase, all attendees were given an educational pack to take away. This contained the following: foot file, shoe horn and education/information leaflets on footcare, medication and falls prevention, smoking cessation and home safety.

For details contact Paul Higgins, Podiatry Manager, NHS Greater Glasgow and Clyde.
Paul.Higgins@ggc.scot.nhs.uk

Evaluation of Model 1

The supported self-care model has evaluated well and is currently in place in some areas of Scotland. This is a beneficial option for those who are able to carry out their own footcare, or have a relative or carer that can provide support and assistance with this. It does not meet the needs however of those people who are unable to carry out their own personal foot care and have no one to assist them with this.

It is acknowledged that within this model, provision of education and training to enable self care for people and their carers is a clear component of enablement strategies. Access to standardised national educational resources will reduce variation in content and delivery within Health Board areas.

Model 2: Integrated personal footcare services

Many NHS podiatry services across Scotland provide education and awareness sessions for staff in hospitals, care homes and care at home staff.

Case example: NHS Tayside Podiatry Services and Care Homes

Every six months all care homes in the Perth and Kinross area of NHS Tayside are invited to send care staff along to a footcare education session at a central location. Local private nursing homes and voluntary care agencies or other organisations across all sectors e.g. Capability Scotland, are also invited to attend.

This session lasts about 90 minutes and outlines the role of the podiatrist; expectations for care staff in relation to contributing and providing footcare; personal footcare advice/instruction, including the cutting of nails and protocols in referring to podiatry. There is also an opportunity for care staff to practice nail cutting on one another if they so desire.

Attendance rates average 40 care staff at a time and enable care homes to release staff in small numbers and provide the opportunity for new members of staff to be educated. Carers are given a certificate of attendance.

For details contact Judith Murrie, Podiatry Lead, Perth and Kinross, NHS Tayside.
judith.murrie@nhs.net

Case example: NHS Fife Care Homes Training and Healthy Footsteps Map

NHS Fife Podiatry service has a dedicated care home team which regular provides training sessions and support sessions to carers, care home and care at home staff. Over the past 10 years a power point presentation has been provided highlighting the role of the carer and how they can improve the foot health of the residents by undertaking simple personal care tasks. The training session enables the carer to carry out their role but also ensures they know when to refer onto the podiatry service.

Over the past year the care home team has been working with the NHS Fife Podiatry Diabetes educator to develop a new training format. Together they have produced a healthy footsteps map. Evidence shows that adults learn more from interactive training rather than a lecture style. Therefore this map is designed to allow the participant's maximum discussion with the educator taking a facilitators role and encouraging discussion from the group. The project is currently being evaluated, however early figures indicate the number of inappropriate referrals to podiatry from care homes has decreased.

The podiatry service is also involved in creating a DVD for care home and care at home staff and is also working on an e-learning project to educate and support these staff.

For further details contact Karen Hutt, Lead Podiatrist for Learning Disabilities and Care Homes, LyneBank Hospital, NHS Fife Karen.Hutt@nhs.net

Evaluation of Model 2

A partnership approach with health and social care is a well established model currently in place across Scotland. Education and awareness sessions are organised locally to meet the needs of individual areas and particularly directed to care home and care at home staff. These sessions are often provided by NHS podiatry staff and can address the needs of employed care staff to enable them to safely provide personal footcare.

Model 2 has clear advantages also in supporting care staff, social enterprises and voluntary agencies in providing people with a viable alternative to meet personal footcare needs.

Access to an accredited national educational resource will support the development of competences and skills to deliver a high standard of personal footcare. The training will also support personal footcare providers of in the recognition of potential foot problems and define clear care pathways to NHS podiatry services if this is required.

Model 3: Social Enterprises and Voluntary Sector

Case example: Shetland Voluntary Nail Cutting Service

The Shetland Voluntary Nail Cutting Service has been up and running for a number of years now and continues to expand. Volunteer "nail cutters" receive basic coaching by a Podiatrist on how to cut toenails. Volunteers are required to be members of the Protection of Vulnerable Groups (PVG) scheme. The service is run by an elected committee and receives funding for expenses from NHS Shetland. The volunteers work in a person's own home, health centres and access a room at out-patients department of local hospital on a Saturday morning. Referral to the service is via a health care professional using a simple referral form. All referrers receive guidance on referral from both the service and the Podiatry department. The service has a constitution and is a stand alone organisation. People receiving this service are given a pair of nail nippers and a file, which they keep and bring along to each appointment.

For details contact Chris Hamer, Podiatry Lead, NHS Shetland, c.hamer@nhs.net

Case example: NHS Forth Valley and Age Concern Falkirk

A twelve month pilot project was carried out in 2011/2012 which offered a geographically defined local population a personal nail cutting service. The service is provided to people over the age of 50 who are unable to cut their own toenails. Clients are charged £10 for the treatment to help cover some of the costs incurred. Evaluation of the service has demonstrated that clients are extremely satisfied with the service they receive.

A Service Level Agreement allows for a Podiatry Technician to be seconded from NHS Forth Valley to Age Concern approximately three sessions per month to undertake the nail care. Age Concern Falkirk pay for the Podiatry Technician's time.

The pilot is to be extended by another 12 months until March 2013. People can continue to self refer to the service and be screened for their suitability over the phone by an Age Concern volunteer as this has shown to be an effective model. Volunteers who screen people are given training so they can screen out those who do not meet the eligibility criteria and therefore reduce the number of inappropriate referrals. Volunteers also undertake reception duties when the nail cutting clinics are in operation.

For further details contact Claire Pickthall, AHP Manager, clairepickthall@nhs.net

Evaluation of Model 3

In terms of a model where personal footcare is delivered as a dedicated service, there is potential to reach the wider community and better meet the demands for personal footcare. Social enterprise and the voluntary sector would appear to be a viable option and provision of personal footcare in this way would support the delivery of a service that could be accessed by the wider public. Voluntary agencies and social enterprises may impose a charge for this service.

This model affords an opportunity to test an innovative way of working in Scotland that could potentially provide dedicated personal footcare services to the broader public. It is essential that governance arrangements are clearly defined and that service providers meet minimum standards required for safety and competency.

Access to an accredited national educational resource will support the development of competences and skills of service providers to deliver a high standard of personal footcare. The training will also support personal footcare providers in the recognition of potential foot problems and define clear care pathways to NHS podiatry services if this is required.

Model 4: Independent podiatry practice

Case Example: Private Practice Podiatry - Reduced cost service for personal footcare

There are a number of independent podiatry practices in Scotland that offer a reduced cost service for patients with a personal foot care need. At the first appointment the patient will be fully assessed and if their need is for personal footcare only, the patient will be offered future appointments at a reduced cost than what is normally charged in private practice. The first appointment will be charged at the normal rate.

For more information contact the Podiatry Room on info@thepodiatryroom.co.uk

Evaluation of Model 4

In some parts of the UK, a number of independent podiatry practices provide personal footcare. In some cases this is provided by podiatry assistants as part of the skill mix within a practice.

There is established practice in Scotland where independent podiatry practices charge a reduced cost to care home residents some of whom will have a personal footcare need only.

All four models have benefits and advantages that would support the gap in the current support for individuals to self care and the provision of personal footcare.

The establishment of a range of solutions to support personal footcare would provide favourable options to address the current gap. It is envisaged that to address the personal footcare needs within a local population, a range of models and variations of these would be required.

Section 6: Education/Training resources

To support the educational and training requirements to widely implement personal footcare across Scotland, NHS Education Scotland (NES) has supported the development of two educational resources.

The first of these is directed to individuals themselves, their relatives and carers to help them undertake their own personal footcare to best effect. The resource supports improving awareness, knowledge and practical skills to enable a person to recognise foot health issues and safely perform everyday non complex footcare tasks. Practical information is available in a variety of formats that can be accessed through NHS Podiatry services. Information to support self care of the feet will be available in electronic formats.

The second resource is directed to those providing personal footcare as a service to others. Content of this covers the development of competences to support others with keeping their feet healthy, undertake a range of personal footcare tasks and recognise foot health issues that require referral to a healthcare professional. The training is considered essential in enabling people to provide a personal footcare service to others. It will be outcome based, quality assured, assessed and certificated.

Section 7: Implementation of personal footcare

The AHP National Delivery Plan – AHP’s as agents of change in health and social care; the national delivery plan for the Allied Health Professions in Scotland 2012 – 2015, details a key action point for NHS boards in terms of implementation of the guidance on personal footcare.

“AHP directors will work with AHP leads in health and social care and partners in care organisations, voluntary services and older peoples groups to implement the national Personal Footcare Guidance once published in December 2012”

Implementation of the personal footcare guidance will commence early in 2013. All NHS boards should work with their local partners to identify the need and possible solutions for personal footcare within their local populations.

It is envisaged that a mixture and range of models (and adaptations of these) would be required and that any initiatives will support an assets based approach.

- Where possible, people with personal footcare needs should be involved in the design and review of personal footcare services in local areas
- Access to education/awareness sessions should be available locally to people/carers and their families to support self care and enablement where this is possible. In addition to written information, a variety of formats will be made available.
- Clear pathways should be established to ensure that people who need more specialist intervention have access to podiatry services.
- Providers of personal footcare should complete the endorsed and certificated training programme
- All personnel providing personal footcare should be screened through the PVG scheme
- Instruments used for personal footcare should be the persons own property or single use disposable items
- A range of options for personal footcare should be made available to enable people to make the correct choice to address their personal footcare needs
- Personal footcare services within local areas should be subject to regular review/audit and include mechanisms for service user involvement and feedback

National Personal Footcare Guidance: A Consultation



RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

Title Mr Ms Mrs Miss Dr *Please tick as appropriate*

Surname

Forename

2. Postal Address

| | | |
|----------------------|-------|-------|
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Postcode | Phone | Email |

3. Permissions - I am responding as...

Individual

Group/Organisation

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate Yes No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate Yes No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate Yes No

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| | |
|--|---|
| Personal Footcare Guidance; A Consultation | |
| Description: | 'AHPs as agents of change in health and social care' The National Delivery Plan for the Allied Health Professions in Scotland, 2012 – 2015 identifies 27 actions for delivery between 2012 and 2015. One of the actions in support of Reshaping care and enabling independent living is that 'AHP directors will work with AHP leads in health and social care and partners in care organisations, voluntary services and older people's groups to implement the National Personal Footcare Guidance (to be published in December 2012) |
| File: | |

CONSULTATION QUESTIONS

Is the guidance set out clearly enough to support the provision of a nationally consistent approach to the provision of personal footcare?

Comments

Are there any gaps in the information that has been provided?

Comments

Are the purpose and definition clear?

Comments

Do you consider that this guidance fairly reflects the importance of personal footcare while clarifying the difference personal footcare and podiatric clinical need?

Comments

Is the algorithm and table clear in presenting the key features of personal footcare provision?

Comments

Is there sufficient information on the models proposed and the examples provided to enable local implementation?

Comments

Does the leaflet provide sufficient information and are there any gaps?

Comments

Is there sufficient detail provided in the guidance for local leads to consider the provision of personal footcare in their local area?

Comments

Responding to this Consultation Paper

We are inviting written responses to this consultation paper by 30th November 2012. Please send your response with the completed Respondent Information Form (see "Handling your Response" below) to:

CNOPPPAdmin@scotland.gsi.gov.uk

Or by post to:

Susan Malcolm

Scottish Government Health Directorate

Directorate for Chief Nursing Officer, Patients, Public and Health Professions

GE 19, St Andrew's House

Regent Road

Edinburgh

EH1 3DG

If you have any queries please contact Susan Malcolm on 0131 244 2487.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>.

The Scottish Government has an email alert system for consultations, <http://register.scotland.gov.uk>. This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). It complements, but in no way replaces Scottish

Government distribution lists, and is designed to allow stakeholders to keep up to date with all Scottish Government consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the Respondent Information Form which forms part of the consultation questionnaire attached as an annex as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation.

Where respondents have given permission for their response to be made public and after we have checked that they contain no potentially defamatory material, responses will be made available to the public in the Scottish Government Library (see the attached Respondent Information Form). These will be made available to the public in the Scottish Government Library by (date to be confirmed). You can make arrangements to view responses by contacting the Scottish Government Library on 0131 244 4556.

Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision on the content of the final personal footcare guidance.



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The Scottish Government
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